PART B - FEE(S) TRANSMITTAL

Complete and send th	Complete and send that form, together with applicable fee(s), to: M  NN 0, 6 2005  or I				Mail Stop ISSUI Commissioner for P.O. Box 1450 Alexandria, Virg				
INSTRUCTIONS: This for	a should be used for tran	smitting the ISSU			(703) 746-4000 ATION FEE (if requ	uired). Blo	ocks 1 through 5	should be completed where	
INSTRUCTIONS: This for appropriate. (1) further confindicated unless conflicted by maintenance fee notifications	espondence including the felow or directed otherwise s.	in Block 1, by (a	) specifying	a new co	or maintenance rees orrespondence address	s; and/or (	b) indicating a sep	arate "FEE ADDRESS" fo	
Scott M. Day Foley & Lardner Ll Suite 3800 777 East Wisconsin	_P	any change of address)		(	Fee(s) Transmittal. To papers. Each addition have its own certifical Express Ce	his certific al paper, s te of maili Mail E ertificate of his Fee(s)	ate cannot be used such as an assignming or transmission.  V 593165480  f Mailing or Tran  Transmittal is beir	or domestic mailings of the for any other accompanying ent or formal drawing, musus smission and the Unite of the control of t	
Milwaukee, WI 53202-5306					Roberta A. Cooper (Depositor's name				
6/08/2005 HGUTEMA2 00000011 10612621					Roberta a. Casper (Signatu				
1 FC:1501					June 6, 2005			(Date	
10/612,621	FILING DATE 07/02/2003	<u> </u>		ST NAMED INVENTOR		081445-0328		CONFIRMATION NO.	
APPLN. TYPE	SMALL ENTITY	ISSUE F	ISSUE FEE		BLICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	nonprovisional , NO		\$1400		\$300		\$1700	06/07/2005	
EXAMINER		ART UNIT		CI	LASS-SUBCLASS				
BARNES, CRYSTAL J		2121			·700-041000				
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND PLEASE NOTE: Unless	RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of			-		nee is ide	ntified below, the	document has been filed fo	
					-				
(A) NAME OF ASSIGNE  Johnson Cont	rols Technology Co		3) KESIDEN(		Y and STATE OR CC outh,Michigan	JUNIKY)			
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	oatent) :	☐ Individual XX C	Corporation	n or other private g	roup entity Governmen	
4a. The following fee(s) are enclosed: 4b. Payment o					, , ,				
				A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1447 (enclose an extra copy of this form).							
5. Change in Entity Status (	from status indicated above				longer claiming SMA		•	<u> </u>	
The Director of the USPTO is NOTE: The Issue Fee and Puinterest as shown by the reconstruction								,	
Authorized Signature	5	<u> </u>		_	Date	June 6	, 2005		
Typed or printed name	Scott M. Day			-	Registration	n No	52,801		
This collection of information an application. Confidentialit submitting the completed appthis form and/or suggestions Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1 Under the Paperwork Reduction.	,,,,,								